

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of: ) Art Unit: 2624  
Jennifer Susan GREGORY ) Examiner: Nancy BITAR  
Application No. 10/577,359 ) Confirmation No. 5040  
Filed: February 21, 2007 )  
For: APPARATUS FOR PREDICTING ) Date: March 2, 2010  
BONE FRACTURE RISK )

**REQUEST FOR REFUND**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby requests a refund of the \$180.00 fee paid in connection with the above identified application for the Information Disclosure Statement submitted along with the certification on March 1, 2010.

There was no fee required to file this Information Disclosure Statement because Request for Continued Examination was filed on December 17, 2009 and the reference was cited for the first time from the European Patent Office not more than three months prior to the filing of this statement.

Therefore, it is requested that a refund in the amount of 180.00, be credited to Deposit Account 50-4525.

Respectfully submitted,

By: Donald R. Studebaker /  
Donald R. Studebaker

STUDEBAKER & BRACKETT PC  
One Fountain Square  
11911 Freedom Drive, Suite 750  
Reston, VA 20190  
Ph: 703-390-9051  
Fax: 703-390-1277